

CLAIMS ONLY						Application Number 10666663	Filing Date
						Applicant(s)	
						* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* * *
	Indep	Depend	Indep	Depend	Indep	Depend	
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48							
49							
50							
Total Indep	3						
Total Depend	7						
Total Claims	10						